## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation SEC OF STATE

1. TITLE OF NEWSPAPER TO		2. DATE O INC.
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES TUBLIS	ws	(10/10/1
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	HED ANNUALLY 3B. AN	NUAL SUBSCRIPTION  \$ 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. COMPLETE WILLING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
POBOXLE, 110 S. Till Ave I Irone, Clay SD 57037		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Norprinters) STPA Publishing POBOXH, Centarville, SD 57014  6. FULL NAME OF PUBLISHER		
THE PROPERTY OF THE PROPERTY O		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name		
and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS		
Milusonidil Incalibali L.C. A. + ila Ca Fraul		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
201		
A EXPERIMENTAL AND ALL HE	AVERAGE NO. COPIES EACH	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDING 12	ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	MONTHS	NEAREST TO FILING DATE
B.PAID AND/OR REQUESTED CIRCULATION	300	30D
Sales through dealers and carriers, street vendors,	1 -	1 -
and counter sales.		65
Mail Subscription     (Paid and or requested)	101	160
3. Paid Electronic Copies	D	D
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	271.	~~~
(Sum of 9B1, 9B2 and 9B3.)	336	<i>의식  </i>
D.FREE DISTRIBUTION  1. BY MA!L, CARRIER OR OTHER MEANS	7	7
2. SAMPLES, COMPLIMENTARY AND OTHER FREE	, , , , , , , , , , , , , , , , , , ,	
COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	233	234
F. COPIES NOT DISTRIBUTED  1. Office use, left over, unaccounted, spoiled after printing	67	lolo
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	300	300
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
Allugary Lill		
(Signature) (Title)		
(Tide)		
State of South Dakota  Sworn to before me this 29 day of Sept . 20 20		
County of Turner ) Notary Public		
(Seal) Cheri O'Dell My commission expires: Mach 12, 2025		
NOTARY PURI IC		
Form: SOS REC (SEA) SOUTH DAKOTA SEA		

Cherio dei